Revised form

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 🚻

3. Name and address of person filing.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12/3] / 2004

4. Name, file number, and address of labor organization.

Name MAURICE P Lemieux	Name Brotherhood of Locomotive Englances + TIAINMEN Labor Organization File Number 025-081
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 73 PromenAde st.	Street 1162 Fort Willer Rd,
city Gorham	city Green wich, A
State N. H. ZIP Code + 4 03 58	State N- Y- ZIP Code + 4 12834-7400
5. Position in labor organization. LOCAL CHAIVMAN	Blet Div 274
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name :	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	
City	,
State ZIP Code + 4	
Sign	
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ng documents), has been examined by the signatory and is, to the best of the
Signed Marrier Lemmin	On 8-12-05 (603) 466-3689  Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	And the second s
Trade Name, if any:	The second of th
P.O. Box, Bldg., Room No., if any	
· · · · · · · · · · · · · · · · · · ·	
Street	11.b. Approximate dollar value of such dealing.
City :	12.a. Nature of interest held or income received.
State ZIP Code + 4	The state of the s
	The second secon
	· · · · · · · · · · · · · · · · · · ·
	12.b. Amount.
	14.5. Alliuun.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name: Keller & Goggin P.C	Keller & Goggin Paid Formy Room At   the Clown Plaza, 1800 market St.
Trade Name, if any: ATTorney	Philadelphia, PA: While I attended a
P.O. Box, Bldg., Room No., if any Suite 1900	Blat 10 clocker and fall and
street 1528 WAINNY St.	Blet LC Workshop on February 29,
city philadelpia	March 1,2,3 and 4, 2004. Price per night unknown
*	LICT PALENCE MUNION IN
State PA ZIP Code + 4 19102	